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CASE OF LACERATION OF THE PERINEUM.

A Case of Un-united Parturient Laceration of the Recto-Vaginal Septum, successfully treated with Metallic Ligatures. By JOHN P. METTAUER, M.D. of Prince Edward County, Virginia.

THE lady whose case forms the subject of the following communication, was about thirty years of age when the accident occurred. Her health and constitution, as far as I could learn, had been good down to the time of her confinement, which took place some time during the month of October, 1831. The pregnancy which resulted in the laceration was her first, and from its history must have been more fortunate than usually follows late conceptions. Her labor was protracted and very tedious, having continued more than three days, but was marked by no other important event, save the accident. Six months after the laceration took place I was consulted, and my opinion and advice requested. The history furnished at this time, induced me to regard it a case of un-united laceration, and I feared that the surfaces had healed, so far at least as to require denudations by art, before a reunion was likely to take place between them. An opinion to this effect was expressed to the husband of the lady (an intelligent and highly respectable gentleman, of a neighboring county). I also informed him, that it was more than probable ligatures would be required before a complete cure could be effected. Some five or six weeks after this interview, the lady was conveyed to my neighborhood, and placed under my immediate management; having resolved to waive all considerations of delicacy (a sacrifice indeed), if she could only obtain partial relief from her most loathsome and health-destroying infirmity.

In assuming the weighty responsibility of such a case, I am free to own that I felt much embarrassment; the more so, as I was called upon to act in a matter of great delicacy, to say nothing of its intrinsic difficulties, without having had time to avail myself of the advice of some of my experienced brethren, or to think much upon the subject. The anxiety and determined purpose of my patient did not permit me long to doubt and fear, and without further delay I was summoned to examine into the nature of the infirmity.

The examination disclosed a complete disunion of the recto-vaginal wall, from the verge of the anus, three inches up the rectum, and, as was feared, the divided surfaces had healed in every part of them. The cleft terminated superiorly in an angle somewhat obtuse, and the rectum had contracted upon itself, so as to render its several teguments a mere band of the width of five-eighths of an inch. On each margin of this band, a

whitish line was to be perceived, commencing in the angle above, and continuing down to the verge. These were doubtless cicatrices, and pointed out the margin of the divided rectum. The retaining faculty of the sphincter was completely destroyed, and the unfortunate lady from that cause had been compelled to submit to constant confinement, in a recumbent posture, to prevent the loathsome accident of involuntary dejections. Long-continued irritation of the wound had induced in the gastro-intestinal organs a morbid susceptibility, which subjected the lady to frequent attacks of colic and diarrhœa from the slightest errors in diet. To remedy so afflictive an infirmity, it was necessary, not only to repair the breach of the rectum, but also to restore the tubular form of the rectum, and contractile power of its sphincter muscle. These ends were accomplished in the following manner. The patient was placed very nearly as in the position for lithotomy, with the knees held apart, and exposed to the direct light of a window; the cleft was readily brought into view, by separating the vulvæ and anterior parietes of the vagina. Denudations three-fourths of an inch in width, extending from the angle down to the verge on each side, were now effected along the cicatrical lines, and a litle exterior to them, by the aid of hooks, scissors curved on their flat sides, and scalpels, using them according to circumstances. As soon as the wounded surfaces ceased to bleed, they were approximated, and for this purpose leaden ligatures were employed. These were introduced from within, and in succession, from the angle down to the verge, at the distance of one-fourth of an inch apart; care was taken to give them good hold; they were made to include at the same time a belt of undenuded substance on each side. Needles very much curved were employed, with a noose of twisted and waxed silk in the eye of each, upon which to hang the loops of the metallic ligature, previously formed. Dr. Physick's forceps were used for the introduction of the needles, which were found a very handy and convenient instrument. As the ligatures were applied they were tightened, so as to bring the abraded surfaces in contact, and then their ends were twisted together and cut off of convenient length. About twelve ligatures were required to close the breach. From time to time the ligatures were tightened by twisting them, and the vaginal margins of the laceration cauterized with nit. argent. to favor the formation of granulations, which it was judged would greatly strengthen the union in this part. The patient was confined to the recumbent posture in bed, with the knees tied together, to prevent as far as possible any disturbance of the wound. A diet of liquids was directed, as least likely to distend the lower bowels, or to elicit alvine evacuations. For four days the bowels reposed, and as a proof that the ligatures held the surfaces securely and perfectly in contact, the evacuation which now took place did not derange the parts or inflict much pain; and it was now, for the first time since the accident occurred, that the propensity to deject could be resisted. In six weeks the ligatures were cut away, the parts having united perfectly. Leaden ligatures were preferred in the management of the foregoing case, as experience had proved them not only less irritating and liable to cut out when tightly drawn than any other material with which I am acquainted, but infinitely more convenient and effective in maintaining a uniform and

perfect apposition by the ready facility of simply twisting them; and, a proof that the leaden ligature may act forcibly for a long time without cutting out, when they were removed in the present instance, it could not be perceived that any material encroachment had been made upon the margins of the cleft. The lady is now perfectly restored, thirteen months since the operation was performed, as the following extract from the husband's letter to me will evince:—* * * "and can now with pleasure and most grateful acknowledgments to your skill and management have it to say that she feels no inconvenience from the injury sustained at the time she had her child; and she further says that if her condition was similar to the one she was placed in before you operated, she would freely and willingly submit to it again, if she could only believe the same degree of benefit and relief were to be the result."

American Journal of the Medical Sciences.

CASE OF NON-EXISTENCE OF VAGINA.

Non-existence of Vagina, Remedied by an Operation. By JOHN C. WARREN, M.D. Professor of Anatomy and Surgery in Harvard University, Boston.

A YOUNG woman, twenty-three years old, well constituted, applied to me for a natural malformation of the organs of generation. On examining, I found the os externum wanting, and so far as could be judged, there was no vagina. The aperture of the urethra was well formed; the clitoris and nymphæ appeared as usual. The breasts and all the other external parts were natural; but no uterus could be discovered on a careful examination by the rectum, either by Dr. Channing, Dr. Hayward, or myself. The patient had never experienced any unusual enlargement of the abdomen.

Believing it possible that the uterus might exist, although not sufficiently developed to be discoverable by the rectum, I determined to comply with the patient's wish, and attempt the formation of an artificial passage: for this purpose she entered the Massachusetts General Hospital in January last.

The patient being placed on her back on the edge of a bed, feet each in a chair, I attempted to pass a probe in behind the urethra, but found this impracticable, there being no aperture or excavation. The fore-finger of the left hand was introduced into the rectum, and a small probe-pointed bistoury employed to make an aperture in front of the rectum as near as might be in the situation of the fossa navicularis. This was accomplished, but I was disappointed in finding no cavity behind or within this aperture. It was necessary, therefore, to proceed with the same instrument, the convexity being towards the rectum, to dissect from behind forwards. In this way an opening was made sufficient to admit the point of the finger. The dissection being carefully continued in the same manner, a passage was formed about three inches long, and wide enough to admit the finger.

The bleeding was considerable; this was arrested by the introduction of a tent. Subsequently to the operation she had much fever, pain and

tension of the abdomen, and suppression of urine. These symptoms gradually disappeared.

The wound was carefully dressed by the introduction of a tent daily. The suppuration was considerable; after it had subsided the tent was removed, and the passage exhibited no disposition to close.

On examining subsequently to the cicatrization of the wound, something like labia of the os uteri were discovered.

After her recovery she had some appearance like the catamenial discharge. She then left the hospital. Four weeks afterwards she was seen by Dr. Hayward; he found the aperture and cavity open, and she had had a sanguineous discharge resembling the catamenia; and he thought he could distinguish something like an uterus.—*Ibid.*

[We should be glad to learn something of the history and health of this young lady previous to the operation.—Ed.]

ON THE VARIOUS SORTS OF PERMANENT FLEXION OF THE FINGERS, AND OF THEIR DIAGNOSIS.

1. The first that we shall mention, is that which is caused by a contraction, or puckering of the palmar aponeurosis. Dupuytren has the merit of having first distinctly pointed out the true nature of this affection, and of the treatment which it requires; namely, the section of this strong aponeurosis.

2. A permanent flexion of one or more fingers may be the result of some disease or malformation of their joints.

Case.—A young man had white swelling of the ankle-joint. The little finger of the left hand had been permanently contracted in the form of an arch, from his infancy; the phalanges did not move, the one upon the other; but there was free motion between the finger and the metacarpal bone. No hard cord or projection was felt in the palm at the root of the little finger, when this was forcibly bent backwards or extended. In short, the permanent flexion in this case arose from an anchylosis of the phalanges. In some cases it is produced by a synovial cyst forming over one of the joints; this mishap is not very unfrequent among tailors; in others by an irregularity or unevenness of the articular surfaces of the phalanges. We observe such cases among tailors, seamstresses, and especially among knitters. In them a contraction of the little finger is not uncommon, and it proceeds from some abnormal change in one or other of the joints.

Case.—A young female, who worked in the manufactory of lace, applied to Dupuytren, to relieve her of a contraction of the four fingers of both hands upon the palms; they were bent so as to form nearly a quadrant of a circle. The phalango-metacarpal joints were quite free; when the first phalanx was strongly bent backwards, no tense tendon or cord was to be felt.

3. A third variety of the affection is, when it is caused by a division of the tendons of the extensor muscles. A person applied to Dupuytren under the following circumstances. The two last fingers were constantly bent upon the palm of the hand; yet on extension, they could be readily

made even with the others ; but no sooner was the extension withdrawn, than the fingers again became bent. While extended, no hard cord was to be felt on the palmar, or on the palmar surface of the finger ; and moreover, each joint might be easily moved. The patient had received a sabre cut on the back of the hand, and the tendons of the extensors had been divided. Nothing could be done for him.

4. A puckered cicatrix of the skin will sometimes cause flexion of the corresponding finger or fingers ; hence the importance of keeping the hand extended during the healing of any wound, sore or burn.

5. A lesion or injury of the tendons of the flexors may have the same effect. This variety is apt to be confounded with and mistaken for the first, or that which results from a contraction of the palmar aponeurosis : but in the latter case, the finger cannot be made to yield to any extension, and the tense cord, which was not to be felt before, is now readily recognized during the effort. When, on the contrary, the malady has been caused by an injury of the tendons, the projection, which is very distinct while the finger is bent, becomes much less so or altogether disappears when it is forcibly stretched. An example of this variety is detailed : a tumor had been excised from the finger, and during the operation the sheath of the tendon had been opened.

6. This last species of permanent flexion of the fingers is that which arises from the loss or wasting of the substance of the flexor muscles. This may be destroyed by a gun-shot wound of the fore-arm, or by laceration from any violence. In such cases there is always more or less paralysis, in consequence of the injury done to some of the nerves. The different joints of the fingers remain quite flexible ; but when they are forcibly extended, pain is felt at the cicatrix of the wound.

It must be altogether unnecessary to state that these different varieties of the above malady require different modes of treatment, according to the nature of the exciting cause.—*Jour. Comp.*

ON THE QUALIFICATIONS OF A PHYSICIAN.

THAT man is a scientifically informed physician who is well acquainted with, and has, as it were, appropriated to his own use, the results of all the inquiries made at different times by distinguished observers upon the symptoms, course and causes of diseases, and with the precepts of treatment which they have recommended and employed. To become a skilful practitioner, he must understand how to bring this knowledge into operation, and be ready in applying all its rules and deductions to each particular case. This most important talent can only be acquired by extensive researches and by diligent study at the bedsides of patients. Cicero has well said, "Nec medici, nec imperatores, nec oratores, quamvis artis præcepta perceperint, quidquam magnæ laudis dignum sine usu, et exercitatione consequi possunt." The most important attribute in the character of a physician, and indeed of every man who is engaged in the active and practical employment of life, is, after the acquisition of sound theoretical knowledge, the power or faculty of distinctly and correctly perceiving the leading phenomena of the case before him, of

tracing the relations of causes and their effects, of reasoning upon them, and of applying the deductions to the remedial treatment. There are many physicians who are excellent theorisers, but who never become skilful practitioners; for with all their accumulated information, they know not how to recognize the individualities of a case, nor to reduce the symptoms to any general rule;—such are all merely book-men, who have acquired no skill in the sick room. On the other hand, there are physicians, and their number is very large, who style themselves sober and useful practitioners, and who treat all cases after the analogy of previous ones, and the results of their experience in general, and employ, without being able to give any why or wherefore for so doing, certain remedies which they may have used on some former occasion with advantage. Such are the sheer empirics, the routine-men, the despisers of all theory, and the searchers after and triers of every new remedy proposed, by those at least of the same school. Now, although it may appear at first sight to be the easier method of treating diseases upon the analogy of former experience, in reality it is not so; because every new case has something specific and individual in its character; and to arrive at a successful therapeia, the physician ought to attend to the peculiarities which result from the differences of age, sex, constitution, mode of life, employment, and so forth, and to vary and modify his treatment accordingly. This is the business of sound theorizing, and if so, then "to practise without theorising is, in other words, to practise without reflection." There are several reasons which have led many practical men to reject all theory. With many, the cause exists in themselves;—they are bad reasoners, and in their attempts to discover and to apply the precepts of sound logic to any case, they fall into errors, from the dulness of their perceptions, or from the poverty of their thoughts;—they therefore blame the system, and seldom think of their own incapacities and deficiencies. With others, the distaste arises from their observing the idle dreams and phantasies of enthusiasts, who assume the title of theoretical men, style the vagaries of their brains lofty philosophical speculations, and who have at different times attempted, and not unfrequently too have succeeded, in introducing a system of physic into the schools. But as soon as physicians have learnt to refuse all credence to mere fanciful notions, springing up from darkness, and as soon as they arm themselves with scepticism against such nonsense, by weighing it in the balance of sound reason, and rejecting it as the offspring of an unbridled imagination, then shall the vain strivings of all enthusiasts become more rare and ineffectual, and a wholesome and sound system of theory be no longer despised.

May the hope which Bacon expressed two centuries ago be soon realized—"Speramus et cupimus futurum ut medici nobiliores animos non nihil erigant neque toti sint in curarum sordibus."

Tiedemann Physiologie des Menschen.

SATYRIASIS, FOLLOWING A BLOW UPON THE OCCIPUT.

A MAN, aged 53, of very quiet and religious habits, accidentally struck the back part of his head and neck against one of the corners of his bed. There was considerable contusion, but no farther injury. Very soon afterwards he became quite satyriacal; formerly modest and decorous, he was now so vehemently salacious, that no woman could approach him without risk of being insulted. Even his own daughters were not safe from the rage of his lust. For three months, this state of erotic excitement lasted: his physical and intellectual powers became enfeebled and childish, so overpowering was the predominance of this one passion. After a fit of furious anger at his wife, for refusing him conjugal rights, he fell into a convulsion, complained of an intense pain at the crown of the head, and, from that moment, all uneasiness at the occipital region ceased—the satyriasis left him, and in its place a religious delirium, indicated by a constant muttering of prayers, succeeded. He became slightly paralytic on the left side, and died on the 8th day after the sudden change in the symptoms. Unfortunately, permission could not be obtained to examine the encephalon after death; and we are, therefore, left in the dark as to any organic changes.

The metastasis of diseased action from the cerebellum to the vertex (where the organs of veneration and hope are situated), and the corresponding changes in the dominant emotions, are curious and worthy of notice. Dr. Gall has stated, "that wounds and blows on the occiput or nucha have been followed by inflammations of the genital organs;" and M. Voisin, in his work on the Moral and Physical Causes of Mental Diseases, has the following pertinent remark—"The material condition of satyriasis resides in the encephalon; and, in all cases, the inordinate passion is in proportion, either to the original over-activity of the cerebellum, or to the occasional circumstances which have caused the organ to be violently excited." In the treatment, therefore, of such cases, our attention ought to be directed specially to the remote or essential cause. M. Voisin has adduced numerous cases, in confirmation of the superior efficacy of such a ratio medendi. Satyriasis and its consequence, masturbation, are not unfrequently met with in such hydrocephalic patients as have arrived at puberty; and Dr. Gall has insisted upon this, as a strong argument in favor of the encephalic origin of the disease. Those who have had an opportunity of examining satyriacal patients will agree with us, when we state that the orgasm of venery frequently does not pass away with the seminal emission, but that the penis will remain erect, and the semen be every now and then squirted out, for a considerable time. The intellectual powers are almost always greatly impaired, the miserable wretches living under the tyranny of their lusts. Now it is not easy to render a philosophical interpretation of these facts, except upon phrenological principles; and if they be admitted as true, the interpretation is at once obvious and satisfactory. There is an every-day occurrence which deserves notice, as it is in the power of any one to test its reality on himself; we allude to the venereal desire being very generally excited by lying flat upon our back. It seems as if the cerebellum was stimulated by the slight congestion thereby induced.—*Trans. Medicales.*

MEDICAL IMPROVEMENT.—NO. IX.

[Communicated for the Boston Medical and Surgical Journal.]

LIFE *is short.* This is the first proposition of the first aphorism of Hippocrates. At first view, it is merely a truism to which all assent; but upon a little consideration, it will be perceived to be a matter of such high importance, as to be a proper motto for any essay upon the improvement of the condition of mankind, and that it ought never for a moment to be kept out of sight. We have no time to waste upon irrelevant topics, and every instant should be employed to the greatest advantage, when our endeavor is to lengthen out the short span of human existence. This remark more particularly applies to the practical student. His active business leaves no time for trifling pursuits. If he does not study to profit, he might nearly as well not study at all. It is, therefore, necessary for him to have a right object in view, in everything he undertakes; and a certain degree of skill and dexterity is requisite, to enable him to come to the proper result.

The first thing, in studying the labors of others, is to understand the work which we are reading, so that we may distinguish the parts of it which are worth retaining. For this purpose, we must enter into the spirit of the author, for the time lay aside our own opinions, and till we have read him through, in a sense adopt his sentiments as our own. We shall then come in possession of his data, be familiar with his facts, and see the force of his conclusions. Unless we are candid enough to employ some process of this kind, we shall never rightly appreciate anything that is new, or contrary to our former way of thinking. We shall become very little wiser or better, if we do not adopt such a course, when we meet with facts or principles out of the common track, and shall not really understand enough of the writer to do him justice. If we do not comprehend him, our time is lost; and if we misinterpret him, our time is worse than lost, by deceiving ourselves and doing him injustice. Something more than mere neutrality is needed; we must catch some of the ardor, and feel some of the inspiration of the author, for the time being, in order to duly appreciate his merits. If we begin by quarreling with him at the outset, we might do better to lay him aside at once.

Thus far, for the purpose of giving the argument its full force, we have allowed the author (and intentionally, too, just as we allow ourselves to be carried away by a dramatic representation, which for the time we voluntarily mistake for real life) to take possession of our feelings, and to substitute his own in their place. But now, our turn comes. As conscientious inquirers after truth, we must consider, we must reflect, we must review, if we mean to profit from what we have been reading. We must examine the work as a whole, and we must look to the consistency of the parts, in order to see what new truths are exhibited, or whether those which are old are presented in a new or more striking point of light. If we do not find the general tendency of a work to be wrong, or there are not many essential errors in the execution, as a general rule we profit much more by attending to beauties than in dwelling upon defects. The general scope of an author should never be lost

sight of; the grand effect of the painting, as a whole, is not to be obscured by a minute attention to the inferior distribution of the smaller lights and shadows.

Magnanimity is as necessary in science, as for the perfection of any other great object in the world. It is the want of this glorious virtue—it is a partial, selfish spirit—which has been the occasion of almost all the difficulties which have occurred, and of the obstacles which have been found, in the way of medical improvement. The scope of new writers is often not understood, they are not read in such a manner that their sentiments are intelligible, and they are frequently criticised and censured when scarcely anything more than the table of contents has been perused. Parts are sometimes garbled, without being viewed as single links in an extensive chain. All the preceding rules are apt to be reversed, and the censorious begin to criticise before they begin to read.

With men of small minds and contracted views, the first question is—From what party, sect, or school, does the production proceed? If the answer does not suit former prejudices and long-established opinions, with all men of partial views, whether they belong to the learned or the vulgar, it is next to impossible for a new writer to gain a hearing. The same inquiry is now made, as of old—*Can any good come out of Nazareth?* and the answer—*Come and see*—too often makes as little impression as in the days of the scribes and pharisees. What the captious do see, they see partially, confining their vision to parts, without taking a comprehensive glance of the whole. Forgetting that time is short, some readers waste their precious moments in searching after real or supposed defects, and mistake a captious, minute criticism, for real, useful learning. This kind of taste, it is feared, arises from moral, rather than intellectual depravity. It must certainly be a bad heart, that takes pleasure in searching after defects, for no other purpose than the gratification it receives in viewing the imperfections of others. Cowper could say, when lamenting the errors of his country, "England, with all thy faults, I love thee still." This is true magnanimity, which always attends a benevolent spirit of criticism.

If we except the teachers of religion, civilized society unquestionably is more influenced by the learned, than by any other class in the community.

> "'Tis to the pen and press, we mortals owe
> All we believe, and almost all we know."

The learned, however, probably trifle away much more of the precious time of this short life, than any other body of men. Subtle disputes, verbal criticisms, the lighter kinds of literature, minute antiquarian researches, and the invention and defence of visionary hypotheses, occupy a large share of the time of literary men, which ought to be spent upon subjects of practical utility. By this, it is not meant that in the division of literary as well as of mechanical labor, the direct, practical bearing of every object shall always be apparent at first view. It is highly proper that some should employ their time in discovering abstract principles, and in investigating general laws; since, whatever disciplines and expands the mind, or enlarges the sphere of knowledge, adds to the store and increases the quantity of materials, to be put into the hands of the

artificer. But we must have good materials, such as are adapted to common use, and in the end will be of practical utility.

The working men, the active part of the learned professions, if they do their duty, must be real utilitarians. Their whole business is to improve and meliorate the condition of mankind. With physicians, the *cui bono?* will this make me a better practitioner?—is the only important object. It is no matter whether a fact is old or new, whether it is from this or from the other side of the Atlantic, or whether it is popular or decried; but the question is—whether it is true and useful? And unless our minds are so disciplined as to be able to distinguish the truth, and our feelings and moral habits are so cultivated that we take pleasure in seeking and discovering it, we are unfit for our profession. It is a curious fact, that at the present day mankind are not inclined to contend with feeble adversaries, but that most of the works which are strongly opposed are usually written with a considerable ability, of some kind or other, and will generally exhibit a peculiar energy of mind, whether turned to the right or the wrong way. Reading them, therefore, with a right spirit, is often a good exercise of the mind, by teaching it either to discover uncommon or unpalatable truth, or to detect ingenious and subtle error. A man can hardly know whether his own opinions rest upon a firm basis, till he has learned the weight of the objections, as stated by the opposite party.

There are a few plain rules of interpretation, which, if they were rigidly adhered to, would prevent much quibbling and useless controversy. Of these, the legal maxim, that *laws* (or words) *are to be interpreted according to the subject matter* under consideration, is one of the most important. Thus, the common example, that *man is mortal*, and *man is immortal*, is directly in point, either proposition being true or false, according as man is considered as a corporeal or a spiritual existence. In like manner, the word *inflammation*, when applied to an entonic pleurisy, means one thing—and when applied to the affection of the throat in cynanche maligna, means another. Whoever, therefore, always associates entony with the word inflammation, will in many instances be lamentably wide of the truth. It is extreme or rare cases only, that are usually reported; extreme measures, therefore, are usually adopted and proper in such cases. It is hence unfair to pretend that a writer recommends the same energy of practice, in ordinary cases of the same name. And yet this is often done, and two or three instances are mentioned, as characteristic of a whole volume. Mankind are always inclined to make hasty generalizations from a few individual facts. It saves the labor of thinking and minute investigation.

Exceptions and limitations, though contained in a single paragraph, sometimes modify the doctrine of a whole book. These are often passed unheeded by the superficial reader. A very popular writer somewhere tells us, that a method of practice, which he strenuously recommends, is not generally applicable to the diseases of London—and he might have added, of almost all other large cities, and many extensive districts of country. How far this method of writing is justifiable, it is not the present purpose to consider. It is only wished here, that every writer should be thoroughly understood.

It has long been the decided opinion of the present writer, that among the well informed there is very little difference as to their views of first principles, and perhaps as little in their application, if they would only take pains to understand one another. If he may be indulged to mention his own experience, he can positively assert, that after a calm explanation between himself and a supposed opponent, and a complete understanding of each other's facts, he never met with an essential variation in their views, upon a single important, medical topic. Most if not all their differences were found to consist either in treating of the same topic under different names, or in applying the same name to different topics. To this may be added, a variation in the knowledge of the kind and weight of testimony, by which important facts are substantiated. The latter depends upon the degree of information which each individual possesses. The result of the whole seems to be, that if men will take pains to acquire the same degree of information upon the same points, they, as a body, will irresistibly come to the same conclusions. Where the heart is equally good, a difference of opinion will depend upon the relative degree of knowledge. No one, therefore, ought to rest satisfied till he has collected the most extensive and accurate information that the nature of the case admits, upon every point which has an important influence upon the improvement of his profession. S.

TIGHT LACING.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—The great injury arising from the use of the Corset and the Busk demands effort to bring them into disrepute. This can easily be done, if physicians in every town will give a lecture to females on the subject, informing of the deadly effects of the articles. I send you a copy of a Pledge which has been circulated in Methuen, and which has many signatures. There has been found but little difficulty in obtaining them, after the injurious effects of lacing have been made known. The subject is one of great interest, and should have the sympathies and exertions of the Faculty. A. D. D.

Methuen, October 30.

Pledge.

Health and perfect integrity of the body are of inestimable value. Whatever customs tend to sickness or to prevent the full development of every part of the system, should be avoided and denounced. It must be a duty to reject whatever leads to physical injury—whatever lessens our ability for usefulness.

The *Corset and the Busk*, therefore, bringing by their use, pain, disease and deformity, should be relinquished by all who would be governed by religious principle, or who would save from the most heart-rending sufferings. They have brought vast numbers prematurely to that cold and silent home of final deposit, by sicknesses so fearful as to appal in their enumeration. They contract the chest, impede the healthy, functional action of the liver and heart, and bring upon vital organs organic obstructions. They destroy happiness, and lessen power for useful ex-

ertion. Why should there be unwillingness, with such facts unquestioned, to unite in the banishment of articles producing such fatal consequences? Will any say they have met with no injury, and that it matters not with them how others pine and die? Can any be so purely selfish, so destitute of every sympathetic feeling? What, are there no friends for whom there is interest? Are there no children, no female connections for whom solicitude is excited?

Do any say the condemned articles are harmless—even useful? Then let them contend that the *God of Nature* showed consummate ignorance in not giving to the female a bone busk; and for corsets, strong muscular ligatures, so closely drawn about the chest as to prevent all easy and healthy movement. But if there are any who will allow to the *Great Architect* infinite wisdom in all his works, let them subscribe their names hereunto in token of their relinquishment of the instruments of death, the Busk and the Corset.

REMEDY FOR THE BITE OF POISONOUS REPTILES AND INSECTS.

[The following postscript to a letter from Dr. Miller, of Mansfield, Ohio, to the Editor of the Medical Journal, will be found to contain valuable practical information.]

I believe that the attention of physicians has not been sufficiently directed to the use of alkalies, as a remedy for the bite of poisonous snakes. It is now reduced to a certainty that the poison of snakes or stinging insects is an acid. This proves the necessity of using alkalies to neutralize the acid; and as the poison is immediately diffused through the whole system, the most volatile alkalies would seem to be the best. I have used the ammonia in two cases of snake bite, with perfect success. In one of the cases I was called in to see the patient a few minutes after the bite had been received. The limb was not swollen, yet the blood appeared to be dissolved, so that it was readily passing out of its proper vessels. The gums were bleeding, and the eyes were weeping blood. I immediately gave the patient (a boy of 12 years) a few drops of aqua ammonia, and after scarifying the part bitten, applied the aqua ammonia to it freely, which relieved the patient like a charm. The pain immediately ceased; the sickness at stomach, and that distressed anxious feeling that attends on such cases, soon left him, and by frequently applying the ammonia through the day and night, the boy was perfectly restored in thirty hours. The limb did not swell.

The other case, a boy of 15 years of age, had been bitten thirty-six hours previous to my seeing him. He had taken all the common remedies of the country without any effect. He was fast failing. He had a constant retching to vomit, though but little was ejected. He was bitten on the leg, and that whole side, up to the arm, was greatly swollen, and all of the side had become black with the blood that had flowed out of its proper vessels; so much so, that those who saw it observed that he looked like the snake that bit him. In this case the aqua ammonia, taken internally, relieved the distressing sickness in a few minutes, and in the course of a few days he was able to leave the room. The whole side was bathed with the alkali.

Ammonia, rubbed freely on the part stung by a bee or wasp, gives immediate relief. If immediately applied to a snake bite, I believe it will never fail of success. A. G. M.

Nov. 4, 1833.

OPERATION FOR HEMORRHOIDS AND PROLAPSUS ANI.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In your paper of the 13th inst. some account is given of cases of prolapsus ani and hemorrhoids, which are reported to have been cured, by that distinguished surgeon M. Dupuytren, by a peculiar operation. The operation described, like some others attributed to the inventive genius of this celebrated practitioner, has been long done in other places, and particularly in this country and in this city, with a success certainly as great as that which has fallen to his lot, if we may believe the accounts of those who have been eye-witnesses of his operations. J.

November 16, 1833.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, NOVEMBER 20, 1833.

NEW MEDICAL JOURNAL.

The able and indefatigable Dr. Geddings, of Baltimore, appears to us in the character of editor of a grave quarterly, devoted to medical and surgical subjects. This periodical, the first number of which was published the last month, is called the "Baltimore Medical and Surgical Journal and Review." This first number is well worthy the editor and his honorable and high-minded purpose. When an editor, as is sometimes the case, commences his prospectus by a reflection on the ability or fidelity with which similar works, already in circulation, are conducted—when the cloven foot is displayed at the first step—he forfeits all claim to sympathy or support. On the other hand, the whole fraternity will ever delight to co-operate with one who is impelled by such motives as have induced Dr. Geddings to engage in this periodical, and we doubt not his work will merit and receive the entire approbation and acceptance of the profession.

The following extract from his *preface*, will illustrate his purpose and the character of his Journal.

"In entering upon our Editorial duties, it may be proper that we should explain the motives which have prompted us to bring forward a new medical periodical, while so many already exist devoted to the interests of medical science.

We have done so, because we were desirous of contributing our feeble mite towards the improvement of the profession; to incite its members to more diligent and careful investigation; and to encourage them to record the results of their experience.—Our predecessors in the same line

have been, and still are, ably and industriously employed in collecting and disseminating valuable facts and principles; in elevating the medical character of our country, and advancing the cause of improvement; but although they have achieved much, more still remains to be done.

We have come forward, not to oppose, but to assist them in the important cause which is engaging their efforts;—not as a rival envious of their fame; but as a fellow laborer emulous of their achievements, and anxious to co-operate with them in subserving the general interests of science.

We do not head a party in medical politics, or present ourselves as the advocates of any sect. We would court truth in whatever form she may present herself, and shall always be ready to give her votaries a warm and welcome reception. We have no sectional feelings to vindicate, no personal or selfish motives to gratify, no petty animosities to indulge; but actuated by those pure and upright principles which constitute the proper characteristics of the votary of science, our only ambition is to construct a work which shall not only be found useful at home, but which shall also be circulated and read abroad—a work devoted to the universal interests of medical science in every country."

THE MEAT OF DISEASED CATTLE.

An investigation of an interesting character has recently engaged the attention of the Faculty in Paris. In consequence of the supposed custom among the butchers, of exposing for sale the flesh of animals that had died of various diseases, it was determined by the government to ascertain, if possible, what diseases, in animals intended for the butcher, are capable of communicating to their meat deleterious qualities. The result of the inquiry, which was pursued with great diligence, was, that only one of the diseases of cattle possesses a contagion for the human subject, that is not destroyed by the processes of cookery; this disease is *malignant pustule*. Vast numbers of cattle, it appeared, were constantly sold for slaughter whilst laboring under other complaints, but no authenticated case could be discovered in which harm had resulted from the use of their meat. Thousands even of the cattle slaughtered whilst laboring under the contagious typhus that prevailed among them so extensively in 1814, 1815, and 1816, were used as food without any discoverable injury. Singular as this fact may seem, it appears to be well established by this investigation.

On the whole, the conclusion drawn in the report, is, that butcher's meat is deleterious to man in two conditions only—1st, When spoiled by too long keeping—and 2nd, When the animals slaughtered were affected with malignant pustule.

In order to secure the citizens of the French metropolis from the latter source of suffering, the butchers are now compelled, in all suspicious cases, to produce a certificate from some veterinary surgeon, that their animals were free from this disease, before they are allowed to sell their meat.

DR. HAYS'S CYCLOPEDIA.

The second part of the Cyclopedia of Practical Medicine, edited by Dr. Hays, fully sustains the fair promise of the first. The articles are mostly from his own pen; though several were prepared by able men

who are associated with him in this undertaking. The present part carries us as far as *Adynamia*, and the subjects will be pursued alphabetically to the end. Part third is promised in December. This will be a cheap and excellent work for study or reference.

Treatment of Hooping Cough and Measles.—A very fatal epidemic of these diseases lately prevailed at the same time in Bischwiller and the environs. A vast number of children died. M. Luroth, having been foiled with the treatment ordinarily used, had recourse to frictions with strong tartar-emetic rubbed on the chest and epigastrium; the result was most gratifying, and could not possibly be mistaken. The ointment consisted of a drachm and a half, and sometimes two drachms and a half of the salt mixed with an ounce of lard; the strength of it was proportioned to the age of the young patients; the strongest ointment was applied to all children above two years of age; half a drachm was rubbed in twice a day, till a copious eruption of large painful pustules was brought out, and the eruption was kept up for a few days by an occasional application. In thirty-eight cases occurring in children from the age of one to fourteen years, thirty-four were speedily cured by antimonial frictions, combined with emetics and emollients. The space of time varied from six to twenty-four days;—the average was twelve days. The failure which has not unfrequently attended the employment of this ointment in the hands of others, the author attributes to the insufficiency of its strength, and to want of perseverance in its use. Without considering it an infallible or specific remedy against hooping cough, and the pulmonary complications which so often accompany measles, he regards it at least as by far the most certain means of cure. The sympathetic eruption on the organs of generation was observed several times.—*Gazette Medicale.*

Medical Board.—We understand, says the National Intelligencer, that among the official visiters now in Washington, are the members of the *Army Medical Board of Examination.* The Board, after a tour of inspection along the North-Western, Western, and South-Western stations, of 9000 miles travel, and after sitting as a Board of Examination at New Orleans, at St. Louis and New York, have been ordered to the seat of Government, to confer with the Secretary of War and the Surgeon General, on the important duties which have occupied them for the last eight months. The Board consists of Surgeons Lawson and Moyer, and Assistant Surgeon Smith. While the operations of this Board have had an influence on the Medical Department of the Army, primarily conducive to the safety, health and comfort of the brave soldier and the gallant officer, it is but an act of justice to their humanity and professional skill to state, that in a long course of their journey they travelled with the pestilence in the West, and most assiduously devoted their able services to the relief of their fellow citizens.

We consider the establishment of the Army Board of Medical Examination as highly creditable to the judgment and energy of Secretary Cass, as its perpetuation is certainly to conduce to the health and safety of the Army, and to elevate the character of our Military Medical Department.

Electricity for the cure of Warts. By Albert G. Welch, of Annapolis. —Having had during the past winter, when I attended lectures on chemistry, frequent opportunities of trying experiments with electricity, and having several warts on my hands, to get rid of which I was exceedingly anxious, and having tried repeatedly the efficacy of nitrate of silver and other caustics without any advantage, I determined to try the efficacy of electricity. I therefore commenced by sending sparks through them, which was repeated for five minutes daily, for five days, when to my great satisfaction I found that they had entirely disappeared, since which time they have not re-appeared, which they did when removed by the knife or by caustic.

As there may be others who would like to be clear of such disfiguring excrescences, and as the mode of removing them may not be generally known, if you think it worth publishing, I would be glad if you would insert the same in your journal.—*Balt. Med. and Surg. Jour. and Rev.*

The Communication from New Haven came too late for this week, but will appear in our next. The arrangements of the Journal concerning the uniformity of its publications must necessarily exclude the paper of Dr. Y. The interesting case of introduction of air into the veins will also be published next week.

Whole number of deaths in Boston for the week ending November 16, 35. Males, 20—Females, 15.

Of hooping cough, 1—consumption, 9—typhous fever, 4—intemperance, 1—quinsy, 1—old age, 4—infantile, 1—dropsy on the brain, 1—bilious fever, 1—unknown, 1—slow fever, 1—croup, 2—disease of spine, 1—cancer, 1—brain fever, 1—burn, 1—drowned, 1—canker rash, 1—lung fever, 1—liver complaint, 1. Stillborn, 1.

ADVERTISEMENTS.

BOYLSTON MEDICAL PRIZE QUESTIONS.

The Boylston Medical Committee of Harvard University hereby give notice, that the following prize questions for the year 1834 are now before the public, viz. :—

1st. "What is the true nature of Polypus in the nostrils, and in what manner may the disease be best treated?"

2d. "Are the restrictions on the entrance of vessels into port, called Quarantine laws, useful? If so, in what cases should they be applied?"

Dissertations on these subjects must be transmitted, post paid, to John C. Warren, M.D., Boston, on or before the first Wednesday of April, 1834.

The following questions are now offered for the year 1835, viz. :

1st. "What diet can be selected, which will ensure the greatest probable health and strength to the laborer in the climate of New England; quantity and quality, and the time and manner of taking it, to be considered?"

2d. "What are the diagnostic marks of cancer of the breast; and is this disease curable?"

Dissertations on these subjects must be transmitted as above, on or before the first Wednesday in April, 1835.

The author of the successful dissertation on either of the above subjects will be entitled to Fifty Dollars, or a Gold Medal of that value, at his option.

Each dissertation must be accompanied with a sealed packet, on which shall be written some device or sentence, and within shall be enclosed the author's name and place of residence. The same device of sentence is to be written on the dissertation to which the packet is attached.

All unsuccessful dissertations are deposited with the Secretary, from whom they may be obtained, if called for within one year after they are received.

By an order adopted in the year 1825, the Secretary was directed to publish annually the following votes, viz.

1st. That the Board do not consider themselves as approving the doctrines contained in any of the dissertations to which the premiums may be adjudged.

2d. That in case of the publication of a successful dissertation, the author be considered as bound to print the above vote in connection therewith.

GEORGE HAYWARD, *Secretary.*

Boston, August 10th, 1833. eop

Publishers of Newspapers and Medical Journals, throughout the United States, are respectfully requested to give the above an insertion.

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